

**THE GREATER SAYVILLE CHAMBER OF COMMERCE  
MEMBERSHIP APPLICATION  
2010 DUES SCHEDULE**

**Chair-Caroline Sweezey Prudential Douglas Elliman R.E., 631.218.3305**

**\$250-** Retail Businesses & Restaurants on Main Street between Railroad Avenue & Greene Avenue

**\$250-** National Chains i.e.: Holiday Inn, Lowe's, Home Depot, Wal-Greens, Target, Chili's & Applebee's

**\$150-** All other Retail Businesses & Service Professionals

**\$50-** Residents (Non-Voting Membership)

\*\*\*If paid-in-full by **JANUARY 15, 2010**, please enjoy a **10%** discount from annual dues! \*\*\*  
All renewals must be paid **IN FULL** by **MARCH 31, 2010** to remain in **"GOOD STANDING"**

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Please complete and return this application along with a check made payable to:  
*The Greater Sayville Chamber of Commerce, P.O. Box 235, Sayville NY 11782, Tel # 631.567.5257*

**\* DENOTES REQUIRED INFO ~ALL CORRESPONDENCE WILL BE VIA EMAIL**

\*Contact Name \_\_\_\_\_

\*Business Name \_\_\_\_\_

\*Address \_\_\_\_\_

\* E-Mail \_\_\_\_\_

\*Phone \_\_\_\_\_ \*Cell \_\_\_\_\_

*Your Website will be linked to The Greater Sayville Chamber of Commerce Website, when you completely fill in the information below and your Membership is in "GOOD STANDING"*

\*WEBSITE www. \_\_\_\_\_

\*Tax Id # (Retail) \_\_\_\_\_

\*License # (Service Professional) \_\_\_\_\_

**IN WHAT CAPACITY WILL YOU BEST SERVE THE CHAMBER?**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Renewals: Original date of Membership \_\_\_\_\_

*Please note: In order to obtain the status of Member in "GOOD STANDING", you must be paid-in-full by January 15<sup>th</sup>. Please remember, **only Members in "GOOD STANDING" may participate in the Gift Certificate Program, Welcome Wagon Baskets, Advertising Discounts, Free Website Link** and so much more. We look forward to hearing from you. It is important to the success of our organization that we know who our members are in a timely fashion. On behalf of the Greater Sayville Chamber of Commerce, we thank you for your interest in joining our organization.*

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**FOR OFFICE USE ONLY**

Date Received \_\_\_\_\_ Check # \_\_\_\_\_ Amount \$ \_\_\_\_\_